KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 32116
Name: R.T. Enterprises of Kansas, Inc.
Address 1: 4453 SHAWNEE RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8756
Contact Person: Victoria Scott
Phone: (913) 710-5400
Lease Name: PEARSON
Well Number: I-24

API No.: 15-045-21892-00-00
Permit No: E29042.16
Reporting Year: 2025
(January 1 to December 31)

____ - SE - NW - SE Sec. 11 Twp. 15 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
1604 feet from ☐ N / ☑ S Line of Section
1329 feet from ☑ E / ☐ W Line of Section
County: Douglas

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 750 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 300 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	618	700	0	0	31
February	552	680	0	0	28
March	619	650	0	0	31
April	595	700	0	0	30
May	619	650	0	0	31
June	590	650	0	0	30
July	619	700	0	0	31
August	619	700	0	0	31
September	590	600	0	0	30
October	619	650	0	0	31
November	590	700	0	0	30
December	619	650	0	0	31
TOTAL	7249		0		

Submitted Electronically